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CONFIRMATION NO. 6911

<b>SERIAL NUMBER</b> 10/629,511	<b>FILING OR 371(c) DATE</b> 07/29/2003 <b>RULE</b>	<b>CLASS</b> 128	<b>GROUP ART UNIT</b> 3771	<b>ATTORNEY DOCKET NO.</b> 6553-0501	
<b>APPLICANTS</b> John C. Jeppesen, Ventura, CA; <b>** CONTINUING DATA</b> <i>none</i> <i>SA</i> <b>** FOREIGN APPLICATIONS</b> <i>none</i> <i>SA</i>					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **</b> <b>** 10/28/2003</b>					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and <i>SA</i> Acknowledged <i>SA</i> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 3	<b>TOTAL CLAIMS</b> 37 <i>SA</i> 16	<b>INDEPENDENT CLAIMS</b> 3 <i>SA</i>
<b>ADDRESS</b> 24936					
<b>TITLE</b> Method and apparatus <i>SA</i> for treating Obstructive Sleep Apnea Syndrome					
<b>FILING FEE RECEIVED</b> 570	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		